



CDL THIRD PARTY EXAMINERS REIMBURSEMENT FORM

Email to: Elisa.Hanley@education.ky.gov

- All areas with an * must be completed, or a delay in payment may occur.
- Complete the District Name, Examiner Name, Gross Hourly Rate & the current Month & year. (Only 1 month per form)
- Submit reimbursements every 3 months. KDE will pay quarterly. Do not hold the reimbursement request for longer than 3 months.
- List the number of hours worked per day as the 3rd party examiner.
- List Expenses other than hours worked on page 2 of the form. A receipt must be included to show the expense. Include a brief description of why the product was purchased.
- For mileage claims, a MapQuest showing the starting location (physical address) and the ending location (physical address) must be included.
- Each Form must be signed by the examiner and the supervisor. Provide a name and phone number for any questions regarding the Reimbursement Request. (please print clearly)

DO NOT:

- Do not send in payroll sheets.
- Do not hold the request for reimbursement longer than 3 months.
- Do not forget to attach any and all receipts.
- Do not mail the form, scan the documents and e-mail them to Elisa.hanley@education.ky.gov

District must provide verification for all expenses or it will not be reimbursed.



CDL THIRD PARTY EXAMINERS REIMBURSEMENT FORM

Email to: Elisa.Hanley@education.ky.gov

(All areas with * must be completed)

*DISTRICT NAME: _____ *EXAMINER NAME: _____

*GROSS HOURLY RATE: _____ * MONTH / YEAR: _____

Reimbursable hours worked per day:

1 _____	16 _____
2 _____	17 _____
3 _____	18 _____
4 _____	19 _____
5 _____	20 _____
6 _____	21 _____
7 _____	22 _____
8 _____	23 _____
9 _____	24 _____
10 _____	25 _____
11 _____	26 _____
12 _____	27 _____
13 _____	28 _____
14 _____	29 _____
15 _____	30 _____
	31 _____

MONTHLY

*TOTAL HOURS

*TOTAL OTHER EXPENSES

*GRAND TOTAL

*Examiner Signature _____ (Verify total hours worked)

*Supervisor Signature _____ (Verify total hours worked)

*Contact Name _____ * Phone Number _____

